elbow was performed. In from two to four months the parts were examined. The nail placed in bone of the operated side was invariably found at a point more distant from the upper end of the bone than that upon the opposite side. According to Ollier this fact can only be interpreted upon the supposition that the cartilages remaining at the upper end of the humerus developed a compensatory over-productiveness as compared to that of the other side. In this manner the tendency to progressive relative shortening following resection may be somewhat restricted. This compensatory hyperplasia may vary considerably in single bones, and in different individuals.—*France Medicale*, June 1, 1889.

G. R. FOWLER (Brooklyn.)

III. **The Treatment of Tuberculous Diseases of Bones and Joints by Means of Parenchymatous Injections of Iodoform Oil.** By DR. WENDELSTADT (Bonn). At the suggestion of Dr. Heusner, in Barmen, who for the past four years has successfully treated a number of tuberculous joints with injections of iodoform oil, Professor Tredelenburg has employed this method in a number of cases in his clinic, and had very gratifying results.

Injections of iodoform in ether, glycerine, or olive oil, have long been practiced by Mikulicz, Billroth, Verneuil and Bruns in cases of tuberculous abscesses, and in view of the clinical results obtained by them and many other surgeons, iodoform must be regarded as a prominent factor against the tubercle bacilli. That the presence of iodoform prevents the growth of giant cells in granulations has been proven by Marchand, and the fact that the abscess membrane of tubercular cavities injected with iodoform contains no bacilli has been demonstrated by Bruns and Nauwerk.

In the clinic at Bonn injections of iodoform ether 5% were at first employed, but although no toxic effects were produced on account of the small quantity of the drug used, severe pain was caused, and in three cases sloughing of the skin resulted. The ether was then replaced by olive oil, the proportions being 5:25, this latter was found to be free from disagreeable effects.

It is to be remarked, that the iodoform is to be mixed with the oil shortly before use, as otherwise iodine is rapidly developed, which may be recognized by the brownish-red color of the mixture.

After thorough disinfection of the skin in the neighborhood of the diseased part, 2 to 3 cm. of the mixture are injected into the tissues by means of a Pravaz syringe, having a fairly wide and sharp needle. The injections are to be repeated every eight days If abscesses are present their contents are to be drawn off and the iodoform oil injected. If fistulæ have formed it will be found more advantageous to inject into the surrounding tissues, rather than in the fistulous tracts.

After the injections have been made a dressing of sublimate gauze is applied. In injecting fungoid masses, or the tissues in the proximity of fistulæ considerable force must be used to empty the syringe. The number of injections required until improvement is obtained varies considerably; in some cases signs of improvement are visible after 3 or 4 injections, in others many more are required. The pains usually become less severe after the first injections, and the swelling gradually subsides, becoming harder and firmer. Fistulæ are very obstinate, the secretion gradually diminishes, but complete closure only takes place aiter protracted treatment. The movements of the diseased limb are restored to a certain extent, especially if cautious passive movements have been practised. Complete fixation of the joint is only necessary if the pain is very severe.

The above described favorable results are only observed in certain cases; many patients are much improved, but not cured, and resort must be had to the knife. In general the injections have a very favorable effect.

The best and most rapid results from injections of iodoform oil are obtained in cases of recent development; specially when the disease began acutely. In a large number of cases the injections were preceeded by opening of abscesses, or the curetting of the diseased parts, and recovery in these cases was more rapid than in those in which no injections were made. In several instances elevations of temperature were observed in the evening, or on the day following the injections, and was probably due to the fact that the oil was not

perfectly sterile. It is, therefore, advisable to sterilize the oil before use.

The danger of iodoform poisoning is not to be apprehended because the quantity of the drug injected is small, and because little absorption takes place in the diseased parts. In one case a considerable quantity of unchanged iodoform was discharged from an abscess three weeks after injection.

Patients not too severely diseased are treated in the out-door service. the injection being repeated every eight days.

Thus far Trendelenburg has treated 109 cases by this method, of which 28 were operated on in addition, 36 were cured, 38 were discharged improved and 12 were unimproved. Of 24 patients still under treatment, 14 show considerable improvement, and in the others the injections have not been used long enough to permit any judgement to be passed.—*Centralblatt f. Chirurgie*, No. 38, 1889.

F. C. Husson (New York).

GYNÆCOLOGICAL.

I. Foreign Body (Hair Pin) in the Uterus. By Dr. D. Popoff (St. Petersburg.) A young woman, who had had two labors and, later on, an abortion, began to suffer after the latter from spasmodic uterine pain increasing during her catamenial periods. On one occasion, in order to "alleviate" the expected menstrual flow, the patient took a hair pin, straightened it, made a hook on one of the ends and, while standing with her legs spread wide, introduced the instrument into the vagina till her attempts at withdrawing the hook proved futile. Two days later she came to Professor A. I. Lĕbĕdeff's clinic with complaints of pelvic pain and hæmorrhage from her genitals. On examination the hair pin was found lying with its distal portion on the anterior vaginal wall while its proximal end proved to be firmly fixed, high up in the uterine cavity, the hook's curve therein looking to the right and backward (so the palpation through the posterior fornix showed) The uterine os was somewhat gaping and surrounded with erosions. The foreign body could be extracted only after the womb had been brought down by means of vulsellum forceps and the cervix dilated by